

**SERVICE AGREEMENT****C7 - A**

UTAH STATE OFFICE OF EDUCATION  
250 East 500 South  
Salt Lake City, Utah 84111

AGENCY NO.

PURCHASE DELEGATION NO. EA \_\_\_\_\_

ATTN: Bonnie Smith

THIS AGREEMENT entered into this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ between the UTAH STATE OFFICE OF EDUCATION hereinafter referred to as USOE and:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Commodity Code: \_\_\_\_\_ (Vendor No.)\* \_\_\_\_\_

hereinafter referred to as the "Contractor", for the purpose of providing to USOE temporary Professional or technical services as follows:  
Stipend for "Contractor" e.g. Ednet Teacher, Facilitator, Coordinator, or Administrator to attend Ednet/IVC Training for 8 hours. It is understood that the participant is currently **NOT** on any other salary contract by the local school district, College, or University at the time of training. Rate to attend training will not exceed \$ \_\_\_\_\_ **per day**

Services are to begin \_\_\_\_\_ and will end \_\_\_\_\_ Payment is to be made as follows:

SERVICES:	RATE	\$ -	Per	_____	\$ -
TRAVEL:	RATE	\$ -	Per	_____	\$ -
LODGING/MEALS:	RATE	\$ -	Per	_____	\$ -
MATERIALS:	RATE	\$ -	Per	_____	\$ -

**TOTAL PAYMENT NOT TO EXCEED:** \$ -

It is understood the Contractor is not an employee of the State of Utah and the Contractor will be responsible for all FICA, withholding tax, and/or any other payroll tax obligations.

It is further understood this agreement is subject to required State approval prior to becoming effective.

*\* For ALL stipends request a unique Vendor Number.*

IN WITNESS WHEREOF signatures of parties are affixed hereto:

BY **X** SIGNATURE: CONTRACTOR  
\_\_\_\_\_  
(SIGN IN ANY COLOR INK EXCEPT BLACK)  
SSN **X** \_\_\_\_\_

SIGNATURE: UTAH STATE OFFICE OF EDUCATION  
BY: \_\_\_\_\_  
Brenda Hales Associate State Superintendent

INSTRUCTIONS: CHECK ONE PAYMENT TYPE ONLY.

**PARTIAL PAYMENT:**

\_\_\_\_\_The conditions of the agreement under which these services were rendered are being satisfactorily fulfilled and a progress report

Partial Payment Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**FULL PAYMENT:**

\_\_\_\_\_The conditions of the agreement under which these services were rendered have been satisfactorily fulfilled and any products to be produced have been received.

USOE Project Monitor

Full Payment Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_

George T.W. Miller, Jr. Distance Learning Training Specialist (K-12)  
(SIGN IN ANY COLOR INK EXCEPT BLACK)

If you need to mail this form, please send to: George Miller, Distance Education Training Specialist, Utah State Office of Education, Box 144200, Salt Lake City, Utah 84114-4200 (Do not fax)